

Faculty Travel Planning Guide

Department of African & African-American Studies

Complete the following form to ensure the proper and timely coordination of your travel needs. Please return this document to your administrative staff at least three (3) weeks in advance of your trip.

Traveler's name: _____

Date of birth: _____ **Cell ph:** _____

Purpose of trip (link to website if possible):

Travel dates & times: Arrival date _____

Preferred travel time _____

Departure date _____

Preferred travel time _____

Destination City & Airport:

Hotel:

Meals (Per diem or Actual): _____ (Note: Per WU travel policy meals included with conferences are not refundable if eaten elsewhere.)

Travel Advance? (Y/N) ___ If yes, how much? \$ _____ (Doc ID _____)

Itemize what the TA is paying for (i.e. membership, registration, etc.).

Additional funds approved by Chair? (Y/N) ___ If yes, how much? \$ _____